

## DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION VOCATIONAL AND ADULT EDUCATION

Check	Appro	opriate	Box
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Number 60-920-001 Form FV-1 (Salary)

P.O. Box 480, Jefferson City, Missouri 65102-0480										1 <sup>st</sup> Sem 2 <sup>nd</sup> Sem Summer Full Year											
ADULT AND POSTSECONDARY SALARY BUDGET								Dist	District Code Ph. Number												
FOR VOCATIONAL EDUCATION PROGRAMS								District Name													
FOR STATE OFFICE USE ONLY							Mai	Mailing Address													
Program Code	Area Code	Year Code	ırpose	Expenditure	Reimburse- ment	State Amount	Federal Amount	rce	ogram (1)		(2) Staff Members Name		(3) Amount	onths (5)	Devoted This G						

School No.	Program Code	Area Cod		Paid	Ye Coo	Purpose	Expenditure	Reimburse- ment	State Amount	Federal Amount	Source	Program Code	Staff Members Name	Amount	Months Employed	Time Devoted To This Program
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									(List Course		4				<u> </u>	
									Name or Other)		5				<b>├</b> ──	
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									Name or Other)		5				<u> </u>	
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We hereby certify that the information reported herein is correct to the best of our knowledge and belief.

School Administrator\_\_\_\_\_ Date Signed \_\_\_\_\_